

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|---|-------------------|--|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5-17-05</u> | | 2 Serial/Patent # <u>10-519,297</u> | | | | | | | | |
| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input checked="" type="checkbox"/> Filing | 1 | 12/22/04 | \$ 100 | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | \$ | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | |
| | | <input type="checkbox"/> Treasury Check | | | | | | | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table> | | 0 | 6 | -- | 1 | 1 | 3 | 0 |
| 0 | 6 | -- | 1 | 1 | 3 | 0 | | | | |
| 10 REASON: | | | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | | | | | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>A Johnson</u> | | TITLE: <u>Paralegal</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-9140</u> | | | | | | | | |
| OFFICE: <u>DO-EO</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: